Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 3, 2016

Ms. Angela Zizza, Manager
Valley Terrace
2820 Christian Street
White River Junction, VT 05001-9822

Dear Ms. Zizza:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 6, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1004	A. BUILDING: _____ B. WING _____	04/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY TERRACE	2820 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and investigation into a self- reported incident was conducted by the Division of Licensing and Protection on 4/6/16. The following are regulatory findings.	R100		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that an assessment of a resident's ability regarding medication management was accurately assessed for 1 of 9 residents sampled (Resident #1). Findings include: Per record review on 4/6/16, Resident #1 had an annual assessment completed on 3/18/16. Per the section that indicates whether a resident would be appropriate for self-administration of medications, the assessment indicated that the resident did not know what medications they were taking, did not know what they were for, and did not control their own medications. Per interview on 4/6/16 at 2:55 PM, the Health	R134	**R134** The action taken to correct the above deficiency is outlined as follows: A self-administration assessment was completed on 4/7/16 indicating resident # 1 is no longer able to self-administer medications and resident # 1 agreed to medication management by staff. The Health Director RN of the facility corrected the assessment indicating that resident #1 will no longer be managing her own medication with approval of resident as of 4/7/16. Self-medication administration assessments will be done annually or with change in status for those residents who self-administer medications. All assessments will then be reviewed by random audits by nursing staff for accuracy according to the resident's present needs and care. This practice has been reviewed with nursing staff on April 14, 2016.	4/7/16 4/7/16 4/14/16

R134 - R348 POC's accepted 5/3/16 KCampbell RN

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R134	Continued From page 1 Director RN of the facility who completed and signed the assessment confirmed that this resident is capable of managing their own medications, and that the assessment was incorrect for their ability in this area.	R134	**R145** The action taken to correct the above deficiency is outlined as follows: A self-administration assessment was completed on 4/7/16 indicating	4/7/16
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that resident's ability regarding medication management was accurately assessed and care planned for 1 of 9 residents sampled (Resident #1). Findings include: Per record review on 4/6/16, Resident #1 had an annual assessment completed on 3/18/16. Per the section that indicates whether a resident would be appropriate for self-administration of medications, the assessment indicated that the resident did not know what medications they were taking, did not know what they were for, and did not control their own medications. Also per review of the resident's plan of care, there was no indication that this resident is capable of and administers their own medications. The resident is capable of, and does manage their	R145	resident # 1 is no longer able to self-administer medications and resident # 1 agreed to medication management by staff. Resident #1 Care Plan was immediately updated to reflect that the resident is not self-administering her own medications on 4/7/16. All medications are now administered by the nursing staff from the medication cart. Accurate care planning was reviewed with the nursing staff during several meetings that took place on April 11, and April 14, 2016. Self-medication administration assessments will be done annually or with change in status for those residents who self-administer medications. Monthly and random audits of care plans and assessments will be completed including a review of monthly notes, and with documented updates as appropriate.	4/7/16 4/14/16

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R145	Continued From page 2 own medications per interview with the resident and staff on duty. Per interview on 4/6/16 at 2:55 PM, the Health Director RN of the facility who completed and signed the assessment and developed the plan of care confirmed that this resident is capable of and does manage their own medications, and that the plan of care did not include the self-administration of medications and any appropriate monitoring or interventions associated for Resident #1.	R145	R172 5.10 Medication Management The action taken to correct the above deficiency is outlined as follows: The prefilled pen for resident #1 was labeled with the dated opened. Process of opening new medications and labeling them with a date was reviewed with this LPN and will continue to be part of all nursing/medication delegation orientation in the future. All insulin pens currently being administered are labeled with the date opened. Discussed and reviewed with LPN and all Nursing staff by April 14, 2016. The Health Services Director will conduct random audits to assure compliance and correct any non-compliance. The results of these audits will be reported to the Quality Assurance committee on a quarterly basis.	4/6/16 4/14/16 6/10/16
R172 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label. This REQUIREMENT is not met as evidenced by: Per observation and staff interview, the home failed to ensure that all medications were labeled to ensure proper timing of discard based on pharmacy professional recommendations. Findings include: Per observation on 4/6/16 during noon medication administration, Resident #1 receives Lantus Insulin via a pen before lunch daily. Per observation, the Lantus pen was not labeled with the date it was opened. Per interview on 4/6/16 at 11:45 AM, the nurse administering the insulin confirmed that they had opened the new insulin pen the other day and had not labeled it with the date.	R172		

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R175 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, the home failed to ensure that all medications were secured in a locked box or drawer for 1 of 2 residents that self-administer medications (Resident #2). Findings include: Per interview on 4/6/16 at 9:35 AM, Resident #2 stated that they administer their own medications, and kept them in a drawer in the kitchen area. Per observation of the drawer containing the medications, there was no lock on that drawer. The resident stated that they do not use the locked drawer available near the unlocked one as it was less convenient to access the medications. The resident also stated that they do not ever lock the door to their room when they are not there, which makes it possible for another resident to enter when no one is in the room. Per interview on 4/6/16 at 10:20 AM, the Health Services Director confirmed that Resident #2 is quite capable of administering their own medications, is fiercely independent,	R175	**R175** 5.10 Medication Management 5.10. h (3) The action taken to correct the above deficiency is outlined as follows: Resident was resistant to using a lock box that we supplied for him to store his self-administered medications. On April 14, 2016 after a meeting with the resident and family we put a lock on a kitchen cabinet drawer where all medications are currently stored and locked. For all residents who self-administer Nursing Staff will perform periodic checks for all medications that are stored in resident's rooms to be sure they are in a locked box, drawer, cabinet, etc. Medication management issues and audits will be reviewed at the quarterly Quality Assurance meeting.	4/14/16 6/10/16

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R175	Continued From page 4 and has indicated to staff that they do not want to use the secure system provided to lock up medications. The HSD also stated that it is in their policies and the admission agreement that a resident who wishes to control their own medications must keep them secured, and that management had not insisted on enforcing this policy with Resident #2.	R175		
R248 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to ensure that utensils are cleaned and sanitized after each use and are properly stored. The findings include the following: Per dietary tour on 4/6/16 at 9:30 AM in the presence of the Chief, two 5 gallon storage bins containing flour and bread crumbs were found to have a large bulk scoop stored in each bin. Per interview with the Chief, confirmation was made during the tour that the scoops should not be stored in the bins. Per interview with the Food Service Supervisor at approximately 4:30 PM confirmation was made that the scoops would be considered contaminated and should not be stored in bins containing food items.	R248	R248 7.2 Food Safety and Sanitation We immediately removed the scoop from each bin on 4/6/16. Food Services Director has added the scoops to the cleaning charts and advised all food services staff that after each use the scoops must be sanitized and placed in designated areas outside of each bin. This has been noted and charted. Completed on 4/7/16. The Food Services Director will perform weekly audits. The results of these audits will be reported to the Quality and Assurance committee on a quarterly basis.	4/6/16 6/10/16

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